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STATEMENT OF MEB 15 PM 2: 00 **FEC 7018 ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 1ŽFE4M5 COMMITTEE (in full) over the lines. is changed) THE TEXAS, 150 POLITICAL ACTION COMMITTEE ADDRESS (number and street) (Check if address is changed) STATE ZIP CODE CITY **COMMITTEE'S E-MAIL ADDRESS** Hexaspaceconceintain office acom COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S FAX NUMBER 17031-15691-19,0041 2008 DATE C **FEC IDENTIFICATION NUMBER** NEW (N) IS THIS STATEMENT OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

| j | Office | For further information conta | FEC FORM 1 |
|------------|-------------|--|-------------------|
| | Use Only | Toll Free 800-424-9530 Local 202-694-1100 | (Revised 12/2007) |
| E3AN042.PD |)F | | |

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|-----------------------------|--|---|--|--|--|--|--|
| | COMMITTEE | | | | | | |
| (a) | te Committee: This committee is a principal campaign committee. (Complete the candidate information below.) | | | | | | |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.) | e the candidate | | | | | |
| Name of Candidate | | | | | | | |
| Candidate Party Affiliat | tion Conflice Sought: House Senate President | State District | | | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | |
| Name of Candidate | | | | | | | |
| Party Cor | | | | | | | |
| (d) | | mocratic, ublican, etc.) Party. | | | | | |
| Political A | Action Committee (PAC): | | | | | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec | ted organization is a: | | | | | |
| | Corporation Corporation w/o Capital Stock | bor Organization | | | | | |
| | Membership Organization Trade Association C | ooperative | | | | | |
| (1) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee) | gated fund or party | | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | · | | | | | |
| Joint Fund | draising Representative: | . | | | | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate. | r more political | | | | | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | more political | | | | | |
| Com | Committees Participating in Joint Fundraiser | | | | | | |
| 1. | FEC ID number | <u></u> | | | | | |
| 2. | FEC ID number | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | |
| 3. | FEC ID number | | | | | | |
| 4. | FEC ID number | | | | | | |
| 5. | FEC ID number | | | | | | |

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|---|--|---|--|
| Write or Type Committee Name | 2007) | | |
| | | • | |
| 6. Name of Any Connected Or | ganization, Affiliated Committee, Leader | rship PAC Sponsor or J | oint Fundraising Representative |
| V. C. V A O. A. A V. | | | |
| KIEIVIINI IBIRIADIYI | | | |
| | | | |
| Mailing Address | M-101.1 18101X1 2141815 | | |
| | | | |
| } | SIPIRITINISIFITEILLOI I I | <u> </u> | 1 22152-111 |
| Relationship: | CITY | STAT | E ZIP CODE |
| Connected Organization | Affiliated Committee Leade | ership PAC Sponsor | Joint Fundraising Representative |
| | | | |
| Custodian of Records: Identi books and records. | y by name, address (phone number op | otional) and position of t | he person in possession of committee |
| Full Name RIO.8.E | RT, F., CARLIN, | | |
| Mailing Address | P.O. BOX 2485 | <u> </u> | |
| | | | |
| | S.P.R.I.NGFIELD | <u> </u> | 4 821521-111 |
| | CITY | STATE | ZIP CODE |
| Title or Position | , | | D-21 B 101 / 120 |
| TREASURER | | Telephone number | 7031-8101-6125 |
| 8. Treasurer: List the name and any designated agent (e.g., as | address (phone number optional) of the sistant treasurer). | e treasurer of the comm | ittee; and the name and address of |
| Full Name of Treasurer ROBE | RT F. CARLIN | | |
| Mailing Address | P.O. BIOX 2485 | 1 1 1 1 1 1 1 1 | |
| | | | |
| , | SPRINGFIELD | l . l . l . l . l . l . l | 4 122/15/21-1 |
| Title or Position | CITY | STATE | ZIP CODE |
| TIBEASURER | | Telephone number | 7031-310-6125 |
| | | - | |

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|---|--------------------|-----------------|---------------|--|--|--|
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| | | | | | | |
| Full Name of Designated Agent | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | CITY | STATE | ZIP CODE | | | |
| Title or Position | | | | | | |
| | т | elephone number | <u> </u> | | | |
| Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | | | | | | |
| Mailing Address | 18.40.1 DILD KEANE | | | | | |
| | | <u> </u> | | | | |
| | SPRINGFIELD | LL VA | B21521-LII | | | |
| | CITY | STATE | ZIP CODE | | | |
| Name of Bank, Depository, | etc. | | | | | |
| ـــــــ | | <u> </u> | | | | |
| Mailing Address | | | | | | |
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(3/2005)

Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED